

California Nutrition Network
Request Form for *Non-Network* Sponsored Travel

This form must be submitted and approved prior to expending Federal Match funds for travel to non-Network sponsored events (in or outside California) that are not already listed in your approved Budget Justification. Complete one form per event. Fax this form to your Network Program or Contract Manager for approval (916-449-5414). Please allow up to 4 weeks to process this request.

Part I. Contact Information

Agency Name: _____ Contract #: _____

Contact Name: _____ Phone #: _____ Fax#: _____

Part II. Event Information

Conference/Meeting/Training/Event Title: _____

Date(s) of Travel: _____ Location: _____

Attending as a: ☐ Participant ☐ Presenter ☐ Other _____

Attach agenda with session description(s) or list website _____

Please justify how event supports/benefits Food Stamp Nutrition Education (FSNE) clients:

Part III. Projected Travel Costs (Proration)

Per USDA guidelines, all costs for non-Network sponsored events must be prorated to the 1) nutrition education content (NE) of the agenda for low-income audiences; and 2) full-time equivalent (FTE) of attendee. Please use the worksheet below to project reimbursement costs. See attached sample worksheets.

Proration Worksheet

Attendee A

Attendee B

Attendee C

	Name and Title of Attendee			
A.	Total projected costs (non-prorated) (include registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.)			
B.	Percentage of agenda applicable to NE			
C.	First Proration (multiply A x B)			
D.	Full-time equivalent (FTE) of attendee			
E.	Second Proration (multiply C x D)			
F.	Total Projected Cost for Reimbursement (sum of amounts in Row E)		Note: These are projected costs only. Invoice must be based on actual costs and supported by receipts.	

Are funds available in the Travel and Per Diem line item of your approved budget to cover these expenses?

☐ Yes ☐ No (If not, a Budget Adjustment Request (BAR) may be needed prior to approval.)

Program Coordinator Signature* _____ **Date** _____

*I certify that these funds will be used for employees serving a majority of FSNE clients.

<input type="checkbox"/> Approved as is	<input type="checkbox"/> Approved with changes above	<input type="checkbox"/> Denied: _____
Contract Manager signature _____		Date _____
Program Manager signature _____		Date _____

Sample Proration Scenarios

The following two scenarios are offered to assist you in completing the proration worksheet on Part III of the Request Form.

Scenario #1: The school nurse will be attending a non-*Network* sponsored training. You've looked at the agenda and determined that 100% of the training will cover nutrition education for low-income audiences. The school nurse is funded by the *Network* at 50% FTE and is listed as such on the Federal Match budget justification. The projected costs for the nurse to attend the conference are as follows:

Registration:	\$100
Mileage (at 44.5 cents/mile):	\$27
Hotel:	\$89
Total Projected Cost:	\$216

Below is how the proration worksheet would be filled out.

Proration Worksheet		Person A	Person B	Person C
	Name/Title of Attendee Traveling	Sue Smith, School Nurse	N/A	N/A
A.	Total projected costs (non-prorated) (include registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.)	\$216		
B.	Percentage of agenda applicable to NE	100% or 1.0		
C.	First Proration (multiply A x B)	\$216 x 1.0 = \$216		
D.	Full-time equivalent (FTE) of attendee	50% or .50		
E.	Second Proration (multiply C x D)	\$216 x .50=\$108		
F.	Total Projected Cost for Reimbursement (sum of amounts in Row E)	\$108	Note: These are projected costs only. Invoice must be based on actual costs and supported by receipts.	

Sample Proration Scenarios (cont.)

Scenario #2: The project coordinator will be presenting a non-Network sponsored workshop called the Nutrition Education & Diabetes Control Workshop. You determine that 50% of the workshop will cover nutrition education for low income audiences. The project coordinator is funded by the *Network* at 60% FTE and is listed as such on the Federal Match budget justification. The projected costs for the project coordinator to attend the conference are as follows:

Registration:	\$100
Airfare:	\$216
Taxi:	\$35
Hotel:	\$89
Total Projected Cost:	\$440

Below is how the proration worksheet would be filled out.

Proration Worksheet		Person A	Person B	Person C
	Name/Title of Attendee Traveling	Mike Brown, Project Coordinator	N/A	N/A
A.	Total projected costs (non-prorated) (include registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.)	\$440		
B.	Percentage of agenda applicable to NE	50% or .50		
C.	First Proration (multiply A x B)	\$440 x .50 = \$220		
D.	Full-time equivalent (FTE) of attendee	60% or .60		
E.	Second Proration (multiply C x D)	\$220 x .60=\$132		
F.	Total Projected Cost for Reimbursement (sum of amounts in Row E)	\$132	Note: These are projected costs only. Invoice must be based on actual costs and supported by receipts.	